



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|-------------|---|---|------------------------|---------------------------|
| 1. Corporate ID No. 75165 | | 2. Name of Corporation PEDIATRIC NEUROLOGY, INC. | | | |
| 3. Street Address Principal Business Office 2138 Mendon Road, Suite 104 | | | City Cumberland | State RI | Zip 02864 |
| 4. Business Phone No. (401) 334-0424 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the general practice of medicine, private practice of pediatrics and pediatric and adult neurology. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Maria C. Younes, M.D. | | | Vice President Name Maria C. Younes, M.D. | | |
| Street Address 2138 Mendon Road, Suite 104 | | | Street Address 2138 Mendon Road, Suite 104 | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name Maria C. Younes, M.D. | | | Treasurer Name Maria C. Younes, M.D. | | |
| Street Address 2138 Mendon Road, Suite 104 | | | Street Address 2138 Mendon Road, Suite 104 | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Maria C. Younes, M.D. | | | Director Name None | | |
| Street Address 2138 Mendon Road, Suite 104 | | | Street Address | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares 200 | Class/Series common | Par Value no par value |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Maria C. Younes Date: 2/27/10
 Maria C. Younes, M.D.
 Print or Type Name
 President
 Title

File Date: 3-5-2010
 Check No.: 8635
 By: M.C. Younes
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